

Vanguard MedReview, Inc.

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Notice of Independent Review Decision

April 28, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IP Hernilaminectomy BIL C4-5, C5-6, C6-7 medial facetectomy, foraminotomy/Removal of Dorsal Stimulator

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

This physician is Board Certified in Neurological Surgery with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured in xxxx. He has a history of hypertension, diabetes, myocardial infarction, hepatitis B, benign prostatic hypertrophy, and hypercholesterolemia and has had Anterior cervical discectomy with anterior interbody fusion C5-C6 in 2003, placement of dorsal stimulator in 2006, and right leg surgery.

02/09/2013: Physical Examination. **Physical Examination:** HEENT:

Normocephalic. Extremities: He does have an incision in the upper back area midline with some degree of contraction of the wound. There is a palpable battery pack on the left buttocks. Cervical: Shows no lymphadenopathy. He does have a transverse incision on the left side. **Diagnostic Studies:** CT scan of the cervical spine shows a previous anterior fusion at C5-C6 with solid fusion. There is severe

spondylosis at C4-C5 with both anterior and posterior osteophytes (posterior osteophytes more prominent on the right). There is some degree of cervical spondylosis at C6-C7. There is mild residual osteophyte formation at C5-C6.

Assessment and Plan: The patient needs a CT myelogram of the cervical spine.

03/13/2013: Patient Evaluation. **History:** The patient reported headache, neck pain, arm weakness. Over the last years, patient has been complaining of progressively worsening posterior neck pain on the right, right shoulder pain and right sided headache (from the forehead and face to the entire right side)-all symptoms aggravated by stress. TENS unit will improve his symptoms along with his pain medications but for the last year, it was not providing as much relief. About 3 months ago, pain has been progressively increasing (rated 7-10/10) with pain radiating down the right arm. There are associated tremors on the right hand with about 10% weakness (noted since 2003). Current Medications: Actos 30 mg, 1 Once a day, Coreg 6.25 mg, 0.5 Twice per day, Escitalopram Oxalate 10mg, 1 Once a day, Glimepiride 4 mg, 1 Twice per day, Januvia 100mg, 1 Once a day, Lipitor 40mg, 1 Once a day, Lisinopril 10 mg, 1 Once a day, Norco 325 mg-10mg, 1 Four times a day, Plavix 75 mg, 1 Once a day, Ranexa 1000mg, 1 Twice a day, Testosterone Cypionate, Instructions: 10ml, Zocor 40mg, 1 Once a day, Zolpidem Tartrate ER 12.5 mg, 1 Once a day. **Past Surgical History:** Surgical/procedural history herniated disc- 9/9/2003, TURP- 1998, heart cath- 4/2012, right leg compound fracture-1994, herniated nucleus Pulposus C5-C6 right sided cervical radiculopathy anterior C5-C6 Discectomy anterior C5-C6 interbody fusion anterior syntheses plating C5-C6-9/9/2003, ANS- Advanced Neuromodulation System Stimulation Pain device battery in left hip- 5/12/2006, plates and screws removal on right leg and ankle- 2011, heart cath- 4/16/2012. **Physical Findings:** Motion of the shoulders was normal and the cervical spine showed no tenderness on palpation. Cervical spine motion was abnormal- 30% reduction in ROM secondary to pain. Cognitive functioning was normal, the speech was normal, no cranial nerve abnormalities, and no muscle atrophy was seen. The deep tendon reflexes were normal (2/4), the biceps and triceps reflexes were normal. **Tests:** MRI of the C-spine done shows pseudoarthrosis at C5-6 with spondylosis at C4-5 resulting in bilateral neuroforaminal stenosis at C4-5 level with osteophyte seen at C4-5 and C5-6. **Assessment:** Pseudoarthrosis C5-6, Cervical spondylosis C4-5/C5-6, Cervicalgia, Cervical radiculopathy. **Plan:** Recommend Removal of C5-6 spinal instrumentation, Redoarthrodesis with anterior interbody fusion C5-6, Anterior cervical discectomy, arthrodesis with anterior interbody fusion C4-5, Spinal instrumentation C4-6, PEEK implants and Vioss, Stryker system recommended. Needs Vista collar, Needs intraoperative monitoring with NeuroConnect, Cardiology clearance.

04/08/2013: Operative Report. **Postoperative Diagnoses:** 1. Neck pain with upper extremity radiculopathy. 2. Cervical Spondylosis C4-C5. 3. Residual neural foraminal stenosis at C5-6. **Operative Procedure Performed:** 1. Removal of C5-C6 spinal instrumentation with technical difficulty. 2. Redo arthrodesis with anterior interbody fusion with technical difficulty C5-C6. 3. Anterior cervical discectomy with decompression C4-C5 with technical difficulty. 4. Arthrodesis with anterior interbody fusion C4-C5 with technical difficulty. 5. Spinal

instrumentation C4-C6 using stryker (all titanium) 37 mm plate and four 14x4 mm screws and two 14 x 4.35mm screws. 6. PECK implant measuring 6 mm. 7. Vitoss.

05/06/2013: X-Ray C-Spine. **Impression:** ACDF previously at C5-6 has been extended to bridge C4-C6.

05/08/2013: Patient Evaluation. **Physical Findings:** Cervical spine motion was abnormal- limitation of 20 degrees in ROM **Assessment:** Cervical spondylosis C4-5 with Pseudoarthrosis C5-6, corrected, Cervicalgia, Cervical radiculopathy. **Plan:** Follow up visit 4 weeks, discontinue cervical collar, may resume driving, C-Spine AP/lateral/flexion/extension prior to next follow up.

06/03/2013: X-Ray C-Spine. **Impression:** Postoperative changes with hardware. No fracture, subluxation, or significant change since prior study.

11/09/2013: X-Ray C-Spine. **Impression:** Stable anterior fusion changes from C4-C6. No acute osseous abnormality.

11/14/2013: Patient Evaluation. **History:** Since his last visit, there is pain over the right side of the posterior neck radiating to the right trapezius into the right shoulder. This pain is increasing in intensity and frequency and now no longer relieved by his dorsal stimulator. Pain medications only remove the edge on the pain. There is now numbness of the right index finger and third finger. **Physical Findings:** Positive for numbness of the right index finger and tip of right 3rd finger. Slightly weak grip on the right (Grade 4+/5). Reflexes were normal. **Plan:** Schedule EMG.

02/13/2014: EMG Report. **Assessment:** The nerve conduction studies are abnormal. There is slowing across the ulnar groove of the left ulnar motor nerve. There are prolonged distal latencies of the median sensory and motor responses bilaterally. The needle examination is abnormal. Several muscles innervated by the right C7 root show abnormal spontaneous activity in the form of positive waves and fibrillations. **Conclusion:** 1. Right C7 radiculopathy 2. Left ulnar neuropathy-at the elbows- demyelination-type-mild 3. Bilateral carpal tunnel syndrome-moderate.

02/27/2014: Patient Evaluation. **History:** His complaints are persistent and actually much worse since his last follow-up. **Physical Findings:** Positive for tremors of the right hand. Grade 4+/5 weakness of the right grip. Positive numbness of the right index finger and tip of right 3rd finger. **Plan:** Recommend Bilateral C4-5/C5-6/C6-7 hemilaminectomy, medial facetectomy, foraminotomy; Removal of dorsal stimulator generator, battery and leads.

03/14/2014: UR performed. Rational for Denial: The patient does fulfill the criteria, but only for the C6/7 level. He has had multiple courses of physical therapy. The EMG is positive for the C7 root on the right side. The MRI shows neuroforaminal encroachment at multiple levels. However, the EMG does not show a radicular

pattern at any level besides C7. Therefore, the planned procedure at multiple levels is not considered medically necessary.

03/31/2014: UR performed. Rational for Denial: Based on review of the medical records provided, the proposed treatment is not appropriate or medically necessary for this diagnosis and clinical findings. The claimant has ongoing complaints of chronic neck and upper extremities pain. Recent electrodiagnostic studies confirmed the presence of a C7 radiculopathy. There are no imaging studies available for review demonstrating any nerve root compression from C4 to C7 consistent with physical examination findings or electrodiagnostic studies. Although it does not appear that the current spinal cord stimulator is effective or being utilized and could be removed, the submitted request of both removal of the dorsal stimulator and decompression procedures from C4 to C7 are not substantiated as medically necessary at this time. Additional information including imaging studies would be needed in order to substantiate the surgical request at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous adverse determinations are upheld. This patient has right shoulder, trapezius and right hand/index finger symptoms noted in November 2013 after C4/5 and C5/6 ACD/F/plating in April 2013. He has had no new cervical MRI or CT myelogram to assess his new right shoulder/arm/hand symptoms. There also is no prior upper extremity EMG/NCV to assess whether these C7 nerve findings are new or old. There is no indication of a trial of NSAIDs, muscle relaxers, PT or injections for his new symptoms. The surgery proposed is not indicated based on his lack of a conservative treatment trial and the absence of new cervical radiographs showing a clear problem to address with surgery. For these reasons, IP Hernilaminectomy BIL C4-5, C5-6, C6-7 medial facetectomy, foraminotomy/Removal of Dorsal Stimulator is not medically necessary at this time and should be denied.

PER ODG:

ODG Indications for Surgery™ -- Discectomy/laminectomy --

Required symptoms/findings; imaging studies; & conservative treatments below:

I. Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

Findings require ONE of the following:

- A. L3 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps weakness
 - 3. Unilateral hip/thigh/knee pain

- B. L4 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy
 - 2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness
 - 3. Unilateral hip/thigh/knee/medial pain
- C. L5 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy
 - 2. Mild-to-moderate foot/toe/dorsiflexor weakness
 - 3. Unilateral hip/lateral thigh/knee pain
- D. S1 nerve root compression, requiring ONE of the following:
 - 1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy
 - 2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness
 - 3. Unilateral buttock/posterior thigh/calf pain

([EMGs](#) are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

II. [Imaging Studies](#), requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1)
- B. Lateral disc rupture
- C. Lateral recess stenosis

Diagnostic imaging modalities, requiring ONE of the following:

- 1. [MR](#) imaging
- 2. [CT](#) scanning
- 3. [Myelography](#)
- 4. [CT myelography](#) & X-Ray

III. [Conservative Treatments](#), requiring ALL of the following:

- A. [Activity modification](#) (not bed rest) after [patient education](#) (≥ 2 months)
- B. Drug therapy, requiring at least ONE of the following:
 - 1. [NSAID](#) drug therapy
 - 2. Other analgesic therapy
 - 3. [Muscle relaxants](#)
 - 4. [Epidural Steroid Injection](#) (ESI)
- C. Support provider referral, requiring at least ONE of the following (in order of priority):
 - 1. [Physical therapy](#) (teach home exercise/stretching)
 - 2. [Manual therapy](#) (chiropractor or massage therapist)
 - 3. [Psychological screening](#) that could affect surgical outcome
 - 4. [Back school](#) ([Fisher, 2004](#))

For average hospital LOS after criteria are met, see [Hospital length of stay](#) (LOS).

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**